



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-0355	RFP, BID, QUOTE OR RENEWAL #: 21-100-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$41,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/04/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$118,430.00
	CURRENT TERM TOTAL COST: \$37,480.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: KCI, USA, Inc.	VENDOR #: 28606	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Chad Vanderploeg	VENDOR CONTACT PHONE: 630-803-3770	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: cvanderploeg@solventum.com	VENDOR WEBSITE:	DEPT REQ #: 7488	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). This contract purchase order is for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period February 24, 2025 through February 23, 2026, for a total contract total amount not to exceed \$37,480.00, under quote renewal #21-100-CARE, third and final optional renewal.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Wound Vac Treatment is the preferred method of treatment by the Wound Care Specialist and Physicians alike. This treatment has had positive outcomes that have been realized that have not necessarily been seen with other modes of treatment.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED RENEWAL	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: KCI USA, Inc.	Vendor#: 28606	Dept: DuPage Care Center	Division: Nursing
Attn: Chad Vanderploeg	Email: cvanderploeg@solventum.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 12930 W. Interstate 10	City: San Antonio	Address: 400 N. County Farm Road	City: Wheaton
State: TX	Zip: 78249-2248	State: IL	Zip: 60187
Phone: 630-803-3770	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: KCI USA, Inc. dba 3M Medical Solutions	Vendor#: 28606	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn:	Email:
Address: PO Box 301557	City: Dallas	Address: 400 N. County Farm Road	City: Wheaton
State: TX	Zip: 75303-1557	State: IL	Zip: 60187
Phone: 630-803-3770	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): February 24, 2025	Contract End Date (PO25): February 23, 2026

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		rental	FY25	1200	2050	53410		24,880.00	24,880.00
2	1	EA		supplies	FY25	1200	2050	52320		3,000.00	3,000.00
3	1	EA		rental	FY26	1200	2050	53410		6,800.00	6,800.00
4	1	EA		supplies	FY26	1200	2050	52320		2,800.00	2,800.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 37,480.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period February 24, 2025 through February 23, 2026, for a total contract total amount not to exceed \$37,480.00, under quote renewal #21-100-CARE, third and final optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. February 4, 2025 HS Committee February 11, 2025 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.